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Country note**

Zambia

Summary

The Executive Director presents the country note for Zambia for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Zambia is in the grip of an enormous socio-economic crisis that is underpinned by three major and pernicious interacting forces: increasing deprivation; debt; and disease, mainly HIV/AIDS. Consequently, as noted by the 1999 mid-term review (MTR), very few if any of the National Programme of Action for Children goals for 2000 are likely to be achieved. The Common Country Assessment (CCA), prepared by the United Nations Country Team during 2000, confirmed that analysis.

2. The situation of children and women in Zambia is tantamount to a development disaster, with increasing numbers having their rights to survival, development, protection and participation being violated or at least unfulfilled. These indications of shortfalls in the realization of children's and women's rights existed at the start of the current country programme in 1997, but the situation has worsened considerably. This is manifested in the increasing prevalence of young child and maternal mortality (212 per 1,000 live births and 649 per 100,000 live births, respectively); malnutrition (59 per cent stunting); poor access to education

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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(68 per cent net primary school enrolment) and limited achievement of educational outcomes (only 32 per cent grade 5 achievement); and increasing numbers of children in need of special protection measures. These outcomes are despite some improvements in access to basic social services over the decade, such as a 17 and 9 per cent increase in access to safe water and safe sanitation, respectively, in rural areas, and high regular immunization coverage of one-year-olds. The situation remains relatively better in urban areas than in rural.

3. The extraordinary social crisis in Zambia is also reflected in the increase in poverty over the last decade despite being at peace. The combination of public policy choices, the collapse of world copper prices on which the export economy is very dependent, and the external debt service obligations have compounded the economic stagnation and widening deprivation. This has occurred even though the country has met most macroeconomic stabilization and reform targets. Well over four fifths of the population live below the income poverty line of $1 per day, and income inequality is among the highest in the world.

4. The devastating impact of HIV/AIDS has contributed to the dramatic rise in child mortality rates. According to a recent UNICEF-commissioned study, an estimated 32,000 children are born HIV-positive every year. The interaction of disease and dietary inadequacy, fuelled by HIV/AIDS and increasing impoverishment, also adversely affect young child growth, with 59 per cent of children under five years old found to be stunted in 1999, as compared to 39 per cent in 1991. Malaria continues to be a major killer of young children, accounting for almost one third of under-five mortality. The debilitating effects of illness and death in households have clearly resulted in the significant reduction of the child-care capacity of mothers and other caregivers. According to the 1999 Government of Zambia/UNICEF orphans study, the number of Zambian orphans could reach one in three by 2010, providing a grim forecast for Zambia's future. Yet it is not simply just a question of "orphans"; vulnerable children in need of protection include increasing numbers of homeless, de facto heads of families, child sex workers, victims of abuse and children in conflict with the law.

Lessons learned from past cooperation

5. The 1999 MTR, involving a range of stakeholders, highlighted a number of lessons learned and made several programmatic and managerial recommendations. Most notably, it recommended that UNICEF significantly increase its support for activities in the areas of HIV/AIDS, malaria, and orphans and other vulnerable children.

6. One of the reasons for the disappointing results in relation to initial goals during the current country programme has been the inadequacy of public investment in the priority social sectors and the limited participation of rights-holders in decision-making. This indicates the need for more structured advocacy and communications in future programmes.

7. The MTR also recommended the adoption of an explicitly rights-based approach to programming, and the continued need for advocacy and facilitation of public sector policy development. UNICEF, along with other cooperating partners, is currently undertaking a study on sector-wide approaches and the opportunities and challenges they pose for the improved realization of child rights in Zambia. The

study will provide valuable lessons for the more detailed design of the next programme of UNICEF cooperation.

8. The study on partners' perceptions of UNICEF, commissioned for the MTR, underscored the need for convergence and integrated service delivery, focusing on the most vulnerable groups. Moreover, various partners raised concerns regarding the onerous demands of UNICEF administrative and operational procedures, and the limited emphasis on sustainability.

9. In the course of implementation of the current programme, it has also become apparent that pilot projects need built-in strategies and mechanisms for mainstreaming approaches and taking successful experiences to scale. Furthermore, the value of participatory community-based activities has been increasingly recognized, as have the constraints of a top-down approach.

Proposed country programme strategy

10. The strategic framework of the programme of cooperation for 2002-2006 is founded on the universal realization of children's and women's rights. It works within the context of Zambia's social crisis, and the challenge to help halt the decline in social indicators and create a basis for the sustained and progressive fulfilment of those rights. The recent MTR, the CCA, the draft State party report on the Convention on the Rights of the Child and the ongoing national Poverty Reduction Strategy Paper discussions, as well as the ongoing update of the situation analysis of children and women, have all informed the strategy formulation process. Collaboration and intensive consultations with the Government and other development partners, including United Nations agencies, non-governmental organizations (NGOs) and international funding partners, have greatly influenced the evolution of the strategy.

11. The country programme will pursue two mutually reinforcing goals: (a) to urgently help address the symptoms and more immediate causes of violation or non-fulfilment of the rights to survival, development, protection and participation of the most vulnerable children and women; and (b) to help strengthen Zambian capacities to halt the increasing violation or non-realization of the rights of the nation's children and women, and lead to longer-term progressive realization of these rights. This will be achieved by addressing the more underlying and basic causes of the problems. The goals will also address issues of geographic, gender and income inequalities.

12. The country programme will employ a mix of three interrelated strategies: support for increasing access of rights-holders to quality services; capacity development of duty-bearers, particularly at family, community and district levels; and advocacy for the rights of women and children to be central in Zambia's reform and poverty reduction agenda.

13. Existing relationships with the Government, United Nations agencies, bilateral partners and civil society groups will continue to be strengthened. At the national level, attention will be paid to leverage the resources of other partners to the best interests of the child through sector-wide programmes, for example. At more local levels, UNICEF will identify and cooperate with partners (government or other) best positioned to support the development of community capacities to address the rights

of children. Community-led initiatives will be integrated into ongoing UNICEF-supported activities in selected districts to facilitate better links between communities and service-providers.

14. Three core programmes will characterize the country programme: primary health care (PHC), water, sanitation and hygiene education; basic education; and child protection.

15. The major focus of the **PHC, water, sanitation and hygiene education** programme is to develop community capacity to assess, analyse and take appropriate action on community-relevant issues relating to the following: HIV/AIDS, including mother-to-child transmission (MTCT) and youth-friendly health services; malaria; early childhood development (ECD); adolescent and maternal health; and water, sanitation and hygiene education. The programme will support service delivery (e.g. access to drugs for MTCT, water and sanitation facilities), develop local capacities for integrated service delivery, support programme communication and continue to support policy development.

16. The aim of the **basic education** programme will be to support parent, family and community capacity development to improve participation in the management of educational services and empowerment in order to realize the rights of children to quality basic education. It will be implemented within the framework of the Basic Education Sub-sector Investment Programme. Interventions will include the provision of teaching and learning materials; the training of teachers in the girl-friendly school concept; addressing gender disparities in access and achievement; HIV/AIDS and life skills; and capacity-building of NGOs and ministry counterparts. Community capacities to run and manage schools will be strengthened through the nine provincial community school focal persons.

17. The objectives of the **child protection** programme are: to equip duty-holders with the information and skills required to realize the fulfilment of children's and women's rights; and (b) to accelerate actions by front-line duty-bearers (parents, families, communities) to provide and facilitate adequate care for children and women. In a bid to improve institutional capacities to fulfil the rights of women and children, Zambia's laws relating to the child, as well as national policies, will be reviewed and developed to ensure that they reflect the provisions of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Constitution. Actions will also focus on the rapidly expanding population of children in need, in particular orphans, child victims of abuse, children in conflict with the law, and street children. Support will be provided to develop national policies and safety net mechanisms, and to demonstrate and promote effective community-based models.

18. Four cross-cutting issues will be addressed through each of the three programmes: HIV/AIDS; early childhood care and development; advocacy and social communication; and emergency preparedness. Actions regarding HIV/AIDS will be guided by the need for advocacy, prevention of infection among youth, the prevention of MTCT, care for orphans and other vulnerable children, and access to drugs. ECD will be addressed through household and community poverty alleviation efforts and a focus on improving the caring practices and health of young children. Advocacy and social communication will address the tripod of disease, deprivation and debt at a national level. Communication strategies, at community, district and

national levels, will be concerned with encouraging change in the areas of HIV/AIDS, malaria and other vulnerable children.

19. Policy analysis, monitoring and communication will form a fourth main programme component, with special attention to social policy analysis and the development of an integrated monitoring and evaluation plan. Together with partners, tools will be developed to ensure that data reach decision makers at both national and local levels more effectively. Given the intensification of the community focus of all the programmes being supported, evaluation of this approach will be a focus of the MTR.

20. **Cross-sectoral costs** will be a relatively small component, covering office operational costs and programme support, such as information technology support staff, logistics costs and programme assistant staff.

21. Oversight of the country programme will be provided by the Ministry of Finance and Economic Development through the Country Programme Coordinating Committee. Responsibilities for programme management fall with the individual line ministries. Programme and project monitoring will be undertaken jointly and with extended support.

22. The funding recommendation for the new country programme is modest, maintaining the same other resources level as the current 1997-2001 programme. This is realistic and attainable, and reflects the significant increase in funding by bilateral donor Governments that has come through the change in programme focus to HIV/AIDS, malaria and child protection. This will be encouraged by maintaining the strong links with National Committees, particularly in areas such as HIV/AIDS, MTCT and other vulnerable children.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Primary health care, water, sanitation and hygiene education	7 973	19 000	26 973
Basic education	3 625	11 875	15 500
Child protection	3 625	14 250	17 875
Cross-sectoral costs	2 900	2 375	5 275
Total	**18 123**	**47 500**	**65 623**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.